

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/753319

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>	20	
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	20 minus 20 =	0
<b>INDEPENDENT CLAIMS</b>	3 minus 3 =	0
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐

**OTHER THAN SMALL ENTITY**

RATE	FEE	OR	RATE	FEE
BASIC FEE	365.00	OR	BASIC FEE	710.00
X50-		OR	X518-	
X40-		OR	X80-	
+135-		OR	+270-	
<b>TOTAL</b>		OR	<b>TOTAL</b>	20

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	minus 20	0
Independent	3	minus 3	0
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X50-		OR	X518-	
X40-		OR	X80-	
+135-		OR	+270-	
<b>TOTAL ADDIT. FEE</b>		OR	<b>TOTAL ADDIT. FEE</b>	

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT B</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	minus 20	4
Independent	2	minus 3	1
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X50-		OR	X518-	
X40-		OR	X80-	
+135-		OR	+270-	
<b>TOTAL ADDIT. FEE</b>		OR	<b>TOTAL ADDIT. FEE</b>	

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT C</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	minus 20	0
Independent	3	minus 3	0
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X50-		OR	X518-	
X40-		OR	X80-	
+135-		OR	+270-	
<b>TOTAL ADDIT. FEE</b>		OR	<b>TOTAL ADDIT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PRO-425  
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